

INTRODUCTION

This report provides updated information (by Section and Outcome) on the implementation of Kentucky's Plan. This report is submitted pursuant to KRS 210.577 (3) and covers the past year, October 1, 2002, through September 30, 2003.

Kentucky's Plan: From Dreams to Realities for Quality and Choice for All Individuals with Mental Retardation and Other Developmental Disabilities was submitted to Governor Paul E. Patton and the General Assembly on April 17, 2001. Highlights of the plan include efforts related to: Prevention, Promoting Choice, Promoting Quality, Promoting Access, and Financing the System.

The planning process involved hundreds of people representing a broad range of stakeholders. Elements of the Plan have been incorporated into the strategic planning process of the Department and Cabinet. The Plan has broad support, is a dynamic document, and continues to be the blueprint for the Commission's work.

The ten-year plan specifies the need for a system that will have the capacity to provide the needed components of a *comprehensive* package of services for between 8,000 and 10,000 Kentuckians with mental retardation and other developmental disabilities.¹ The capacity, at the end of FY 03, for comprehensive services to this population was 3152, (2182 capacity in the Supports for Community Living program and 970 licensed beds in Intermediate Care Facilities for People with Mental Retardation).

The majority of the Commission's work has focused on the individuals mentioned above, who need a comprehensive package of services. However there are many other Kentuckians with mental retardation or other developmental disabilities, some of whom will need assistance from the public sector. National prevalence studies note that between 1-3% of the general population will be diagnosed with a developmental disability or with mental retardation. In Kentucky, 1-3% of the population equates to approximately 40,000 to 120,000 people.

Particular supports/services needed by persons with mental retardation and other developmental disabilities and prioritized by the Commission are as follows: Day/Community Habilitation; Supported Community Residences; Accessible, Affordable, and Accountable Transportation; Employment and Volunteerism; Transition Services from Birth through Entire Life Span; Assistive Technology;

¹ Calculation based upon estimated need for comprehensive services for 200-250 people per 100,000 population. Published by the National Association of State Directors of Developmental Disabilities Services in *Closing the Gap: Addressing the Needs of People with Developmental Disabilities Waiting for Supports*, Gary Smith, November 1, 1999.

Respite Services; Recreation Supports; Behavior Supports, and other Support Services. The Commission supports the concept of self-directed funding such that individuals and families have greater control over the money available for their support.

PREVENTION

OUTCOME: Through public education and prevention efforts, more children will be born healthy and the instances of disabilities will be reduced.

- Prevention efforts and data collection regarding brain injury are being addressed in the following manner.
 - The Director of the Division of Mental Retardation is a member of the Brain Injury Task Force that began in FY 02 and which was reauthorized during the legislative session of FY 03. This Task Force will complete recommendations to address the education and prevention of brain injury, long-term care, and financing the support system.
 - The Division of Mental Retardation is working with the Brain Injury Services Unit and the State Interagency Council to pilot a comprehensive review and assessment, and to develop wraparound supports and/or consultation for adolescents with a brain injury who are difficult to support, are in out-of-state placements, and/or aging out of their current financial support mechanism.
- The Department for Public Health's statewide folic acid campaign for Education and Information activities has reached 32,102 people in FY 03.
- With regard to Adult Phenylketonuria (PKU), HB 395 was passed by the 2002 General Assembly, which brings the annual insurance coverage of medical formulas to \$25,000 and coverage of medically modified foods to \$4000. During FY 03, seven new patients were seen at the Adult PKU clinic, bringing the total number of active patients to 35, an increase of 13 since the clinic's inception. A division staff person continues to contact former patients to inform them of the possibility of regaining skills if they return to the diet. Those who agree to return to the diet regimen are invited to be patients at the Adult PKU clinic.
- There are a number of individuals receiving supports through the SCL waiver who acquired a disability as a result of a brain injury. However, specific trainings regarding brain injury, its effects, and its implications for service delivery have not traditionally been available to these service providers. Steps are being taken to provide brain injury training, as well as to integrate the information into existing ongoing training initiatives.
- In the spring of 2003, the Brain Injury Services Unit (BISU) received an Implementation grant from the Health Resources and Services Administration, Maternal and Child Health Bureau. As a part of this grant,

the BISU is partnering with the Division of Mental Retardation, Education and Resource Development Team, to deliver brain injury information to Supports for Community Living waiver providers.

- Healthier mothers and babies are the intended outcomes of the KIDS NOW Substance Abuse and Pregnancy Initiative, a part of Governor Paul Patton's Healthy Babies Campaign. The initiative allocated \$1 million annually to Regional Mental Health/Mental Retardation Boards to partner with local health departments and physicians for outreach, prevention, and treatment. Training for partners includes education about the dangers of substance abuse during pregnancy; screening for substance abuse in a supportive manner; and how to refer for woman-centered, family friendly treatment. Regional board staff also visit partner sites to teach about dangers to newborns from alcohol and drug use by the mother, and to provide on-site assessments for women who may require treatment.

PROMOTING CHOICE

OUTCOME: Through the principles of self-determination and informed choices, people with mental retardation and other developmental disabilities will have access to services and supports throughout their lifespan.

- Major legislation regarding self-determination was passed in the 2003 General Assembly. House Bill 501 (the Kevin Webb and Kim Brown Self-Determination Act) provides that the Commission will develop recommendations for the implementation of a self-determination model of funding services and supports for people who are receiving supports through the Supports for Community Living Waiver Program.

- Following are the provisions of the legislation:

Develop recommendations for the implementation of a self-determination model of funding services and supports as established under KRS 205.6317(1) for persons who are receiving services or supports under the Supports for Community Living Program as of June 24, 2003. The model shall include, but is not limited to, the following:

- *The ability to establish an individual rate or budget for each person;*
- *Mechanisms to ensure that each participant has the support and assistance necessary to design and implement a package of services and supports unique to the individual;*
- *The ability to arrange services, supports, and resources unique to each person based upon the preferences of the recipient; and*
- *The design of a system of accountability for the use of public funds.*

The chairperson of the commission shall appoint an ad-hoc committee composed of commission members and other interested parties to develop the recommendations required by this paragraph.

- In order to implement the provisions, the following actions have been taken:
 - The Secretary of the Cabinet of Human Resources, who serves as the Chairperson of the Commission, appointed a committee called the Ad Hoc Subcommittee on Self-Determination. The Subcommittee is composed of seven individuals, and there is a six person Expert Panel that will work closely with the Subcommittee.
 - The Secretary convened the first meeting of this group on July 16, 2003. In addition to determining the tasks and developing a work plan, the Committee heard from three nationally recognized consultants in the self-determination field. These were Tom Nerney, Center on Self-

Determination; Jim Conroy, Center for Outcome Analysis; and Kevin Mahoney, Cash and Counseling Project. These experts also discussed their programs with the Joint Interim Health and Welfare Committee. The consultants were hosted by the Arc of Kentucky and were funded by the Kentucky Council on Developmental Disabilities. The target date for the completion of the recommendations is December 2003.

- On September 11 and 12, 2003, the Developmental Disabilities Planning Council funded Tom Nerney and staff to return to Kentucky and provide hands-on training to the Ad Hoc Subcommittee on Self-Determination regarding self-determination and individualized budgets.
- Because of a historical lack of funding, service providers have been limited. Through training and information efforts, additional providers have been recruited. Since March 2001 through June 2003, the number of Supports for Community Living providers has increased from 63 to 111. Thirteen additional provider applications are in process. The presence of additional providers has given people more choice in what supports they receive and choice in who serves them.
- To better use available resources, the Department for Mental Health and Mental Retardation Services has initiated collaborative efforts with the Office of Aging and the Department for Community Based Services. These efforts have resulted in joint regional training on aging services. Monthly meetings are held between the Division of Mental Retardation and the Department for Community Based Services, and collaborative training efforts have been held.
- A goal of the Commission is for support coordination staff to meet core competencies. This goal has been met through regulatory requirements and on-going monitoring for competencies through the certification review process conducted by the Division of Mental Retardation, under contract with the Department for Medicaid Services.

Division of Mental Retardation training staff have developed a list of basic competencies which are shared with agency supervisors and support coordination staff. These can be used in interviewing new support coordinators, developing work plans, and evaluating job performance. Three hundred and sixty-three support coordinators have received Level I training and 339 have received Level II training since its inception.

Also, The Education and Resource Development Team began offering *"Your Life, Your Masterpiece: A Self-Determination Overview"* in March 2002. To date, Division trainers have conducted nineteen training events statewide with a total of 287 participants in attendance. The goal of this introductory course is to explore the origins, foundation, and future of self-

determination. This one-day interactive overview was developed for participants dedicated to assisting people to create the lives that they want, which are connected to and supported by our communities. The course introduces participants to the fundamental aspects of self-determination.

There has been an increase in family involvement in the Division of Mental Retardation training events. While some have attended the training itself, others have participated in planning for regional training events.

OUTCOME: An array of services and supports designed to meet the unique needs of individuals will be available in local communities.

- The progress on this Outcome is reflected in the Access and Financing the System sections of this report. Please refer to those sections for a complete response.
- The Education, Training, and Information Subcommittee and the Quality Subcommittee have been working on strategies to assure that individuals and their families are fully informed about the options for services and supports that can be made available to them. The Education, Training, and Information Subcommittee has been reviewing and making recommendations regarding various trainings. The Quality Subcommittee is developing a tool to be used by individuals and families when they are seeking services to assist them in evaluating the appropriateness of the service for their needs.

PROMOTING QUALITY

OUTCOME: Through a comprehensive monitoring system, we will know that individuals with mental retardation and other developmental disabilities live in settings of their choice, where their health and safety are assured and their strengths and dreams are supported and encouraged.

- In the Kentucky Core Indicators Survey of individuals receiving services, published in April, 2003:
 - 94.8% indicated they liked their work or day program
 - 94.4 liked where they lived, and
 - 78.3% said they had friends who were not staff or family.
- The Cabinet for Health Services applied for and received a \$2 million federal grant from the Centers for Medicare and Medicaid Services (CMS) to aid Kentucky in making long-lasting changes in the delivery of community supports to persons with disabilities and long term health care needs. The grant focuses on improving housing, quality services and workforce development. A component of the grant is to work with persons with disabilities and their families to develop and implement effective quality outcomes from the consumer standpoint. The Cabinet is partnering with three core advocacy groups to help develop a consumer voice in evaluating the quality of services based on the belief that the consumers and family members know best what services they need and whether or not the services are meeting their needs. These efforts reach out to consumers and family members to assist the state in determining what consumers and family members consider quality services.

These efforts include:

- A consumer led model for monitoring has been developed, which is guided by the principles of self-determination, person-centered planning, and informed decision making/choice. A review of other states' use of consumer and family members in provider monitoring has been completed and a stakeholder task force has been convened. The Arc of Kentucky sponsored an expert in self-determination to come to Kentucky and work with the planning team to develop the interview tool. This tool has been finalized and training of staff and piloting the interview tool and format are planned to begin in the fall of 2003.
- The Commission recommended that family members, persons with mental retardation, and advocates be included in quality initiatives and monitoring activities at the state and local/regional levels. It was recommended that the current Core Indicators Project be expanded.

Core Indicators in Kentucky is seen as the centerpiece of quality assurance in that it measures outcomes for people receiving services across quality of life domains, including community participation, well-being, satisfaction, relationships, autonomy, rights, health and safety. Kentucky's participation in this effort began in 1999. 2004 represents the 5th cycle of consumer interviews in Kentucky. To this point, nearly 2000 people receiving services through the Kentucky Division of Mental Retardation have taken part in the consumer survey.

National Core Indicators is a collaboration among participating National Association of State Directors of Developmental Disability Services (NASDDDS) member state agencies and Human Services Research Institute (HSRI), with the goal of developing a systematic approach to performance and outcome measurement. Through the collaboration, participating states pool their resources and knowledge to create performance monitoring systems, identify common performance indicators, work out comparable data collection strategies, and share results. This multi-state collaborative effort to improve performance is unprecedented.

- This project utilizes a national instrument in assessing client satisfaction, safety and quality of life. Rather than relying on a professional surveyor, the Commission recommended a survey team, which includes a professional and a consumer or family member. Self-advocates and family members have been recruited and trained to be members of two-person interview teams for consumer satisfaction through the Core Indicators Project. Six (6) consumers and one (1) family member of a person with a disability have been trained and are conducting interviews. In FY 2003, 107 team interviews were completed. An additional fourteen (14) team interviews have been completed well ahead of schedule toward the FY 2004 goal of 200 team completions.
 - A video was created April 2003, to provide an overview of the team interview process in Kentucky. It has been disseminated nationally.
 - Volunteer personal advocates for a sample of consumers have been recruited to help assure individual choice, participation, competence enhancement and respect. Twenty-five (25) advocates have been matched with individuals, with a modified goal of forty (40) matches by December 31, 2003. The initial project was planned to include only those individuals receiving services through the SCL waiver; however, this has now been broadened to include those individuals who receive services funded through the Division of Mental Retardation's state general funds.
- The Division of Mental Retardation conducts annual interviews with people who are receiving supports for the purposes of determining the outcomes of those services. The Department of Mental Health and Mental Retardation Services monitors its contractors for outcomes, monitors

Supports for Community Living providers for certification purposes and relative to reports of critical incidents. Each of these efforts includes monitoring of outcomes for individuals.

- In addition to family and consumer involvement in community programs, some of the ICFs/MR have enacted ongoing monitoring reviews by family members and volunteers who visit the facility. These actions have enabled timely identification of issues, and have been a valuable component for facility improvement. Portions of the reports are shared with Governing Board(s).

OUTCOME: The services and support needs for persons with disabilities will be met by competent and adequately trained staff.

- The Education and Resource Development Team in the Division of Mental Retardation has conducted a total of 219 events with 3,240 participants since its inception in August 2001. Workshops include: self-determination, leadership, crisis intervention and management, person first language, quality of life, training of trainers, abuse and neglect, support coordination, brain injury among teens, team building, advanced sexuality, rights, values, working with families, health and wellness, learning to listen, and building positive relationships.

In addition, training staff have developed core competencies for each of the basic trainings which are shared with the individuals and their supervisors, upon completion of the training. These competencies can be used by supervisors to support the skills and knowledge obtained in the training.

Education initiatives for 2004 include trainings on grief and loss, acquired brain injury, professional boundaries, effectively reducing holds, seclusion and restraints, mental illness in persons with mental retardation and other developmental disabilities, post traumatic stress in persons with mental retardation and other developmental disabilities, and stress management.

- The Workforce Development Project within the Real Choices grant has convened a Workforce Development Consortium and a subcommittee of the Consortium to address strategic issues related to workforce development. They have, to date, completed three job-profiling activities and coordinated with the Kentucky Community and Technical College System (KCTCS) to develop a curriculum for education and certification of Support Professionals. Activities for the next fiscal year include continuing job profiling for supervisors, case managers and other job categories; further curriculum development as needed; development of capacity to provide coursework on-line, utilizing infrastructure from Kentucky Virtual University; implementation of coursework at KCTCS; and the continuing

activities of the Workforce Development Consortium and its strategies committee.

PROMOTING ACCESS

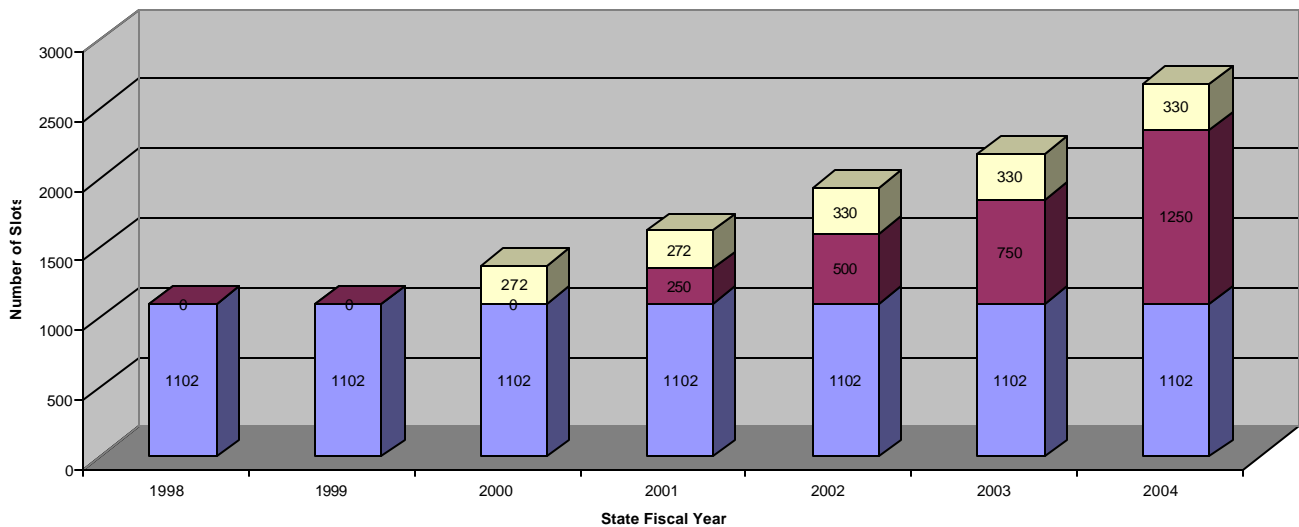
OUTCOME: People with developmental disabilities and their families have access to services and supports that meet their needs and expectations.

- Because of increased funding, the number of individuals receiving services through the Supports for Community Living Waiver (SCL) has doubled since FY 98. The following chart reflects the increase in the number of funding allocations in SCL over the years.

Fiscal Year	Funding Allocations	Source
FY 98	1102	
FY 99	1102	
FY 00	1374	272 from ICF/MR Closure
FY 01	1624	250 from HB 144
FY 02	1932	250 from HB 144, and 58 from ICF/MR Closure
FY 03	2182	250 from HB 144
FY 04	2682	500 from HB 144

- Following is a graphic representation of funding allocations since 1998.

**Supports for Community Living Funding Allocations
State Fiscal Years 1998 - 2004**



- Collaborative linkages have been established with other state Cabinets, programs and community associations to build their capacity for supporting citizens with mental retardation and other developmental disabilities. These include:
 - The Office of Aging and the Division of Mental Retardation's Resource Development Team collaborate on training.
 - The State Interagency Council, the Brain Injury Services Unit, and the Division of Mental Retardation collaborate on training.
 - The State Interagency Council, Regional Interagency Councils, and the Division of Mental Retardation work to identify children who are difficult to support, and are a risk to themselves and the community, with the goal of diversion from the juvenile justice system.
 - The Brain Injury Services Unit and the Division of Mental Retardation are collaborating on transition for individuals from intense therapeutic environments to community environments using the SCL Waiver. Consultation and supports are given to providers. They are also working together on revising the training curriculum.
 - The Division of Mental Retardation and the Intermediate Care Facilities for People with Mental Retardation (ICFs/MR) have developed statewide transition teams and meet monthly to ensure successful transition and ongoing supports. They also worked together on the establishment of the outpatient clinic at Hazelwood, and on conducting further analysis for other specialty services utilizing other ICF/MR locations.
 - The Division of Mental Retardation and the Division of Substance Abuse collaborate on co-occurring issues, and the development of a grant to serve this population.
 - The Department for Mental Health and Mental Retardation Services and the Department for Medicaid Services collaborate on Olmstead issues.
- It is the goal of the Commission to develop, increase and improve access to services and supports. The following details progress in specific areas.
 - Transportation--The Kentucky Transportation Authority, providers, consumers, advocates, the Department for Medicaid Services, and the Division of Mental Retardation have had joint meetings and are making recommendations regarding information and education of personal needs and provider abilities, safety, and financial needs. All these efforts are intended to improve access, affordability, availability, attainability, and accountability.

- Respite--Respite remains one of the most sought after services, yet remains underfunded and understaffed.
- Recreation--Recreation as a part of community integration and inclusion remains an important concern. The Kentucky Core Indicators Survey of individuals receiving services, published in April 2003, reflected that:
 - 81.3% of those surveyed go out for entertainment
 - 27.1% participate in clubs or community meetings
 - 25.1% go out to exercise or play sports in integrated activities
 - 32.9% go out to exercise or play sports in non-integrated activities
- Behavior--The Department for Mental Health and Mental Retardation Services redirected \$1 million of state general funds for crisis funding to the Centers for FY 04.
- Employment--The Kentucky Business Leaders Network (KYBLN) helps businesses and people with disabilities gain and retain employment. There is a business board comprised of business leaders, and another group called KEAN, representing non-profits. Kentucky was recognized by Washington as one of the top five best business leadership networks in the nation.
- Transition--The Statewide Facility Transition Committee approved and implemented the Kentucky Transition Plan, which is being used by every state facility, and includes a Transition Profile of the person being placed, identifies a circle of support, and details planning and transition meetings for the individual/family and provider with a follow-up mechanism after the individual is placed in the community.

OUTCOME: Access to services and supports will be equitable, and will be based on criteria that take into consideration both timeliness and service needs.

- In response to recommendations of the HB 144 Commission, the Cabinet for Health Services took major steps during the last year to assure that those most in need receive services in a timely manner, by refining access to and management of the waiting list.

The Commission created a special subcommittee to focus on access issues. During the period of months the subcommittee has been meeting, several changes have been made in the Medicaid regulation regarding establishing a priority ranking for services, based on the subcommittee's recommendations. The new regulation provides for emergency, urgent, and future planning categories of need. The "emergency" category includes individuals who need services immediately; the "urgent" category includes those who need services within one year, and the "future planning" category includes those who do not anticipate needing services within one year.

In order to be placed on the waiting list, an application for services must be completed which provides information to enable the Cabinet to determine the appropriate category on the waiting list. These applications are then validated for accuracy to determine the category of need.

- The applications for services for Supports for Community Living and for ICFs/MR were combined to make a single application and were expanded to include data on demographics and other specific needs of the applicant.

OUTCOME: Information is available and easily accessed.

- In order to communicate to policymakers and the public, a comprehensive information package was developed regarding the long-term needs of people with developmental disabilities. In addition, individual brochures were developed for each region that featured highlights about an individual with developmental disabilities. This information package was distributed to the Governor and General Assembly in January 2003.
- The Department of Mental Health and Mental Retardation Services has a dedicated website for the Supports for Community Living waiver, and other services supported by the Division of Mental Retardation, such as Supported Living. These can be found at <http://mhmr.chs.ky.gov/>. In addition, two other websites have been developed by the Cabinet for Health Services. One provides information on the progress and status of the Olmstead planning initiative, <http://chs.ky.gov/olmstead/> and the other, KyCARES, www.kycares.org, is an online services/information directory and guide of federal, state and local community providers of basic services. The site continues to expand, increasing the number of providers, and making improvements in the quality of the information.
- The outreach efforts conducted by the state have been mirrored by public and private providers for the people within their communities.

OUTCOME: Health care is available, accessible, and delivered by quality personnel.

- Funds within the Department for Mental Health and Mental Retardation Services have been redirected to support an outpatient dental clinic and Center of Excellence in dental education. The services of the Underwood and Lee Clinic are made available to individuals with mental retardation and other developmental disabilities who, because of their disability, have had limited access to dental services. The clinic includes a strong educational component. In affiliation with the University of Louisville, it is a teaching/training center for dental residents and for dentists interested in continuing education. The clinic's dental services include general dentistry, periodontal and oral surgery, biopsy and emergency dental care.

- The clinic has been in operation since November 2002, and by June 30, 2003 has accomplished the following:
 - Has 135 active patients
 - Averages 60 patient visits per month
 - Procedures performed have been: examinations, x-rays, prophylaxis (cleanings), quadrant scales (deep cleaning), restorations, extractions, dentures, partials, and crowns.
 - Patients have come from the following counties: Barren, Bullitt, Clark, Daviess, Fayette, Franklin, Grayson, Green, Floyd, Hardin, Jackson, Jefferson, Jessamine, Larue, Magoffin, Nelson, Oldham, Shelby, Spencer.
 - Two individuals have come through the dental clinic fellowship program. One individual assumed a position in the ICF/MR, and another oversees the outpatient clinic.
- The Communities at Oakwood have begun the initial stages of a health services gap analysis. This information will be used to determine what the community determines is their greatest need for professional outpatient services and professional development.
- The Kentucky Core Indicators Survey of individuals receiving services, published in April 2003, reflected that:
 - 78.8% of the individuals surveyed said they had had a physical exam within the past year
 - 39.9% reported they had an OB/GYN visit within the past year
 - 43.0% indicated they had visited the dentist in the past six months.

OUTCOME: Continued services and supports are available to individuals when agencies choose to involuntarily terminate services and supports to them.

- The Division of Mental Retardation requires a provider agency considering termination of services to provide a summary to the Division of what supports have been provided to the individual, what actions they have taken to prevent termination, and why the actions have not been effective. The Division provides technical expertise to providers to assist them in supporting individuals in order to avoid termination.

FINANCING THE SYSTEM

OUTCOME: The waiting period for services and supports will be reduced and ultimately eliminated. Paid supports will be seamless, integrated, and driven by the individual.

- The most significant pieces of legislation affecting the work of the Commission were House Bill 1 and House Bill 269, the budget bills. These bills included substantial additional funding for the Supports for Community Living Waiver program. In spite of revenue shortfalls, the support of individuals with mental retardation and developmental disabilities was a priority for the Governor and Legislature. This element of the budget continues to receive widespread bipartisan support.
- In keeping with the priority set by the Commission, expansion funding for the SCL program was appropriated by the General Assembly for the FY 03-04 biennium. New State General Funds approved for FY 03 were in the amounts of \$1.97 million (\$6.5 million with the federal match) for the Supports for Community Living waiver, and \$0.2 million for the Supported Employment program. For FY 04, new state general funds were approved in the amounts of \$10.5 million (\$34.8 million with the federal match) for the Supports for Community Living waiver, and \$0.2 for the Supported Employment program. These new SCL funds will serve 750 additional people over the current biennium, which includes the first two years of the 10-year plan. This new funding exceeds the 10-year commitment to serve 500 new people in SCL; and represents the highest priority of the Commission. New funding to serve individuals through a low cost waiver (200 people), and a state funded program (1000), has not been made available.
- For FY 03, 250 new placement allocations were funded and distributed to individuals who were on the waiting list; 132 of those individuals lived in the community, and 118 wanted to move from a facility to the community. Of this number, all of the individuals in the community have obtained providers, and 75 of the 118 individuals in facilities have obtained providers. Of the remaining individuals, fourteen have requested extensions and 29 have declined the allocation. Those allocations that are declined are reallocated to those on the waiting list.
- Of the 500 SCL funding allocations for FY 04, 150 were allocated in July 2003, 150 were allocated in September 2003, and 200 will be allocated in December 2003. As of June 30, 2003, there were 2168 individuals being supported with funding made available through initiatives of the Governor and General Assembly.

- For FY 04, the Department for Mental Health and Mental Retardation Services redirected \$1 million of state general fund for crisis funding, and \$197,000 for Supported Living. The Department also transferred \$89,600 for Specialized Services and Equipment to the Centers so the program could be administered and distributed locally.
- The following chart reflects the funding actually provided for the SCL program since the landmark HB 144 legislation was passed.

Fiscal Year	Benefits		Number of New Funding Allocations
	SGF	Total (Federal and State)	
FY 01	\$4,977,600	\$16,590,300	250
FY 02	\$9,955,300	\$33,181,000	250
FY 03	\$1,970,300	\$6,545,800	250
FY 04	\$10,490,900	\$34,842,000	500
TOTAL			1250

CLOSING THOUGHTS

We are extremely pleased to be able to share with you the progress that has been made. Yet, we remain mindful of those who are still waiting and those who are in great need but are not connected to the service delivery system.

Since 1999, we have been able to respond to people who have been declared to be in an emergency situation as a result of the loss of their home and caregiver.. And, since 1999, people in every region of this state have benefited from their “fair share” of the new funding.

In 1999, a survey of individuals on the waiting list reflected that 29% of those living at home had primary caregivers over the age of 60. In 2003, 13.5 % of those whose placement on the waiting list has been validated have primary caregivers over the age of 60. This is a tremendous reduction in a very short period of time, and reflects very real progress

Yet, much remains to be done. The number of individuals on the waiting list for the Supports for Community Living (SCL) program continues to increase. In addition to SCL, many other services are in need of enhanced funding; including basic support and crisis services provided by the Regional Boards, services to those with PKU (phenylketonuria), and Supported Living services.

Members of the Commission gratefully acknowledge the support of the Governor and the General Assembly in making people with mental retardation and other developmental disabilities a priority. And, we implore our future leaders to “stay the course” and to continue to assure the movement of people off the waiting list into services. Kentucky’s under-funded Medicaid program and the Commonwealth’s revenue shortfall will make that difficult; however, the needs of these individuals and the mandate of the Supreme Court’s Olmstead decision make it a moral and legal imperative.

In closing, we thank you for your past support and we ask for your help in continuing to fulfill the promise.